SHORELINES HEARINGS BOARD STATE OF WASHINGTON

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	Petitioner(s),	PETITION FOR REVIEW
V.		
	Respondent(s).	

1. Petitioner(s)

Name of petitioner(s)

Name of representative (if any)

Mailing address

Telephone number

Facsimile number (if available)

E-mail address (if available)

- 2. Name of the local government and/or the Department of Ecology whose decision(s) you seek to review (respondent(s) in caption)
- 3. Name of applicant (who should be named a respondent, if you are not the applicant and are appealing an order or decision based upon an application)
- 4. Petitioner(s) (is or are) requesting review of the attached order, decision, regulation or master program (attach also the application if the order or decision is based upon an application).
- Petitioner(s) (believes or believe) the agency decision is unlawful or unjust because (set forth a short and plain statement of the legal grounds for the appeal).
- 6. The petition is based upon the following pertinent facts (set forth a clear and concise statement of facts relied upon to support the grounds for the appeal).
- 7. Petitioner(s) (seeks or seek) the following relief (set forth the specific nature and extent of relief being sought).
- 8. Copies of this petition were served upon the respondent(s) and upon the Department of Ecology (you need serve the Department of Ecology only once, even if it is a respondent in the case) and the Attorney General on (date of service) (attach proof of service).